

4 with the Author's Consent

OBSERVATIONS

From Dr. Yelloly, Jan^y 26. 1830.

ON THE

STATEMENT

MADE BY

DR. DOUGLASS,

OF

CHESELDEN'S IMPROVED LATERAL
OPERATION OF LITHOTOMY;

IN A LETTER TO

SIR ASTLEY COOPER, BART., F.R.S.

BY JOHN YELLOLY, M.D. F.R.S.

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Read April 14th, 1829.

MY DEAR SIR,

HAVING had occasion, in a paper on calculous diseases and concretions, which the Royal Society has done me the honour to publish in the Philosophical Transactions, to advert to Cheselden's Improved Lateral Operation of Lithotomy, which I stated to be that which was followed by the surgeons of the Norfolk and Norwich Hospital, I was induced, from the accidental observation of a judicious medical friend, to entertain doubts, whether the representation made by me on this point was altogether correct. My opinion had been derived, from comparing the operation (which I had seen performed more than a hundred times since my residence here) with

the account given by Cheselden in the latest editions of his *Anatomy*; and with the description of its different stages, both as published in the *Medico-Chirurgical Transactions* by Mr. Martineau, the late senior surgeon, and as unreservedly communicated by the other operators.

I therefore found it difficult to conceive how an error could originate; and on looking into the subject, and, in particular, on carefully perusing our friend Dr. John Thomson's edition of Douglass's *History of the Lateral Operation*, (to which I had been referred,) I found no reason to alter my opinion. I was surprised, however, to discover, that Dr. Douglass had fallen into an important misapprehension, as to the most material part of Cheselden's operation; and as the circumstance is curious, and not at all likely to be again speedily investigated, I am averse to omit the opportunity which has thus been accidentally afforded me, of adjusting, though after a lapse of very nearly a century, an important point of professional history, and of placing on their proper ground, the high merits in lithotomy, of one of the brightest ornaments of English surgery. I have the pleasure of addressing these observations to you, because I have no doubt of the interest which you take in the subject; more particularly as it concerns an illustrious predecessor of yours, in the distinguished school of St. Thomas's.

The improved lateral operation of lithotomy was devised by Cheselden, after he gave up the high operation, in consequence, as it appears, of the hints afforded to him by the operations of Frere Jacques, and Rau; and he made two attempts at improvement, before he fixed upon the mode of operating which he permanently adopted. The first, he tells us, was by filling the bladder with water through a catheter, and then making an incision "on the outside of the catheter into the bladder, in the same place as on the gripe"; the second, by trying "to cut into the bladder, in the same manner that Mr. Rau was commonly reported to do."

Being disappointed in the expectations which he had formed of the success of both these plans of proceeding, he next "contrived" what may be regarded as his third and last operation, "the manner of cutting," (to use his own words) "which is now called the lateral way. This operation," says he, "I do in the following manner: I tie the patient as for the greater apparatus, but lay him upon a blanket several doubles, upon an horizontal table three feet high, with his head only raised. I first make as long an incision as I can, beginning near the place where the old operation ends, and cutting down between the musculus accelerator urinæ, and erector penis, and by the side of the intestinum rectum; I then feel for the staff, holding down the gut all the while with one or two fingers

of my left hand, *and cut upon it in that part of the urethra which lies beyond the corpora cavernosa urethræ, and in the prostate gland, cutting from below upwards, to avoid wounding the gut.*" A gorget was then passed along the groove of the staff into the bladder, and the forceps over it, in the usual way.—The number operated on by Cheselden, publicly, at St. Thomas's Hospital, according to this plan, amounted to 213, of which he lost 20.

This is the account of his improved operation which was given by Cheselden himself, in the 5th edition of his *Anatomy*, published in 1740*, two years after he had retired from St. Thomas's Hospital. It was reprinted in the same words, in the 6th edition published in 1750, which is the last that appeared in his life-time; and it has been copied, without alteration, into every one of the six or seven subsequent editions. There can be no doubt, therefore, of its being the mode of operation, and the description, which received his final and mature approbation. But that it is likewise the method which he very early and speedily adopted as his permanent improvement, is indicated by its agreeing, in the first place, in every important particular, with the first published account of it by M. Le Dran, in his *Parallèles des Tailles*, which appeared in the year 1730. According to this account, the operator cuts into the

* The *Anatomy of the Human Body*. P. 330.

groove of a curved staff, in the membranous part of the urethra, exactly on this side ("précisément en déça") the prostate gland, and then turning the edge of the instrument obliquely towards the fixed point of the erector muscle, (which is the tuberosity of the ischium,) passes it on in the groove to its extremity; and "as that extremity is in the bladder, all that is in the course of the groove, namely, the neck of the bladder, its orifice and the left prostate are divided by an oblique incision." The gorget and forceps follow*.

Le Dran offers this only as a rough sketch of the new operation, and expresses a hope that Cheselden would soon publish an account of his operation himself. This he speedily did; for in an appendix to the fourth edition of his *Anatomy*, printed in the same year, he gives the following description of his operation, which you will see is

* "Comme la main gauche de l'opérateur n'est pas occupée à tenir la sonde, le doigt index de cette main étant introduit dans la plaie reconnoit la crénelure et sert à y conduire sûrement la pointe du Lithotome: cette pointe pour entrer dans la crénelure doit percer la partie membraneuse de l'urèthre, précisément en déça des prostates. La pointe étant logée, son tranchant tourné, non vers l'angle inférieur de l'incision, mais obliquement du côté du point fixe du muscle erector, l'opérateur fait couler dans la crénelure jusqu'à son extrémité la pointe du Lithotome; et comme cette extrémité est dans la vessie, tout ce qui est au passage, sçavoir le col de ce viscère, son orifice et la prostate du côté gauche se trouvent fendus par une incision oblique."—Le Dran, *Parallèle des différentes Manières de Tirer la Pierre hors de la Vessie*. P. 137.

very nearly in the same words as that which I have just given from the fifth edition:—"I tie the patient, as for the greater apparatus, but lay him upon a blanket several doubles upon an horizontal table, three foot high, with his head only raised. I first make as long an incision as I well can, beginning near the place where the old operation ends, and cutting down between the musculus accelerator urinæ, and erector penis, and by the side of the intestinum rectum. I then feel for the staff, *and cut upon it the length of the prostate gland, straight on to the bladder*, holding down the gut all the while with one or two fingers of my left hand. The rest of the operation is the same as in the old way. But in this way, there being often cut small vessels, I always tie them with a ligature passed under them by the help of a crooked needle."* I need hardly say, that this remainder consisted in the subsequent introduction of the gorget and forceps.

M. Morand, one of the most eminent French

* An Appendix to the fourth edition of the Anatomy of the Human Body, printed separately for the use of those who have the former editions; by W. Cheselden, &c. 1730. p. 8.

This tract is very scarce, and the only copy which I have seen of it, is one which belongs to the Medical Society of London, of which Dr. Babington was so good as to procure me the use. A friend, in the mean time, obligingly transcribed from a copy in the British Museum, the part which relates to Lithotomy; and his manuscript I have placed in the library of the Medical and Chirurgical Society.

surgeons of his day, was sent over from Paris by the French Government, on the recommendation of the Royal Academy of Sciences, in the month of May 1729, to be instructed in Cheselden's operation; and he describes it in the volume of the Academy's Memoirs for 1731, by translating, as nearly as possible, Cheselden's own account of it, which was published the year before, and which I have just given*.

When the accounts which I have thus brought forward of the nature of Cheselden's improved operation, are considered and compared, it would hardly appear, that there can be a question as to the important part of it consisting, in cutting upon the staff in the membranous part of the urethra, and in continuing the incision from such membranous part, through the prostate gland

* "Je lie le malade, comme au grand appareil, après l'avoir couché sur une table horizontale, de la hauteur de trois pieds, ayant la tête seulement élevée. Je fais d'abord une incision aux tégumens aussi longue qu'il est possible, en commençant près l'endroit où elle finit au grand appareil; je continue de couper de haut en bas entre les muscles accélérateur et érecteur gauche, et à côté de l'intestin rectum; je tâte ensuite pour trouver la sonde, et je coupe dessus, le long de la glande prostate, en continuant jusqu'à la vessie, et en assujettissant le rectum en bas pendant tout le temps de l'opération avec un ou deux doigts de la main gauche. Le reste de l'opération est comme dans l'ancienne methode, avec cette différence que je lie les vaisseaux coupés."—Recherches sur l'Operation de la Taille par l'appareil latéral, par M. Morand. Mémoires de l'Académie Royale des Sciences pour l'année 1731, p. 144.

into the bladder. Nor would any doubts, I should imagine, have been entertained on the subject, had it not been for an account of the operation, which was published by Dr. Douglass in the year 1731, in an appendix to his history of the lateral operation of Lithotomy, which appeared five years before. In this account Dr. Douglass states, that after making the external incision, Cheselden introduces "the forefinger of the left hand into the wound, and keeps it there till the internal incision is quite finished, first to direct the point of the knife into the groove of the staff, which he now feels with the end of his finger, and likewise to hold down the intestinum rectum, by the side of which his knife is to pass, and to prevent its being wounded. This inward incision is made with more caution and more leisure than the former.

"His knife first enters the groove of the rostrated, or strait part of his catheter, *through the sides of the bladder, immediately above the prostata*, and afterwards the point of it continuing to run in the same groove in a direction downwards and forwards, or towards himself, he divides that part of the sphincter of the bladder that lies upon that gland, and then he cuts the outside of one half of it obliquely, according to the direction and whole length of the urethra that runs within it, and finishes his internal incision, by dividing the muscular portion of the urethra on the convex part of his staff.

“When he first began to practise this method,” continues Douglass, “Cheselden cut the very same parts the *contrary way*; that is, his knife entered first the muscular part of the urethra, which he divided laterally from the pendulous part of its bulb to the apex, or first point of the prostate gland, and from thence directed his knife upward and backward all the way into the bladder; as we may read in the Appendix he lately published to the fourth edition of his book of Anatomy. But some time after he observed, that in that manner of cutting, the bulb of the urethra lay too much in the way; the groove of the staff was not so easily found, and the intestinum rectum was in more danger of being wounded.” *

The least consideration will shew, that the account of Cheselden's improved operation, which I have now quoted from Douglass, is perfectly irreconcilable with that which is given by Cheselden himself, in the Appendix to the fourth edition of his Anatomy; or by M. Morand, with his sanction and authority. But as Dr. Douglass's Appendix was published subsequently to Mr. Cheselden's Appendix, which gave his own account of the matter, it might be thought that he had, in the mean time, made a change in his plan of pro-

* An Appendix to the History of the Lateral Operation for the Stone, containing Mr. Cheselden's present method of performing it. P. 12.—Dr. Thomson's edition, p. 30.

cedure: and such Dr. Douglass intimates to have been the case. On examining the point, however, it does not appear that this can be the fact; for M. Morand made his communication to the Royal Academy of Sciences, on the 4th of April of the same year, (1731,) that Dr. Douglass's Appendix was published, and little more than three months before the date of the latter, July 25*. It would hence have unquestionably happened, that Cheselden, who, it appears, was in frequent correspondence with M. Morand, would have communicated to him any change which he had made in his operation, subsequent to his visit to this country in the month of May 1729, and not have departed from the character of liberality and candour which he had so richly merited from M. Morand, and the French nation, by concealing what he had adopted as an important improvement. Any change of plan would have been quite in time for communication; for the volume of the Academy's Memoirs, in which Morand's paper appeared, though belonging to the year 1731, was not actually published till two years subsequently, as it bears the date of 1733. Still, however, Morand makes no allusion, in this communication, to any such change; nor does he do so in the Eloge on Cheselden, which he published in the Memoirs of the Royal Academy of Surgery, though this must have been written more than twenty years

* Morand's Recherches, p. 144.

afterwards, as Cheselden's death did not take place till the year 1752*. The second part of his *Opuscles* also, which contains some papers on Lithotomy, and was not published till the year 1772, is perfectly silent on the subject†.

But if Dr. Douglass's account of Cheselden's operation is a correct one, what shall be said of Cheselden's reiterating, in the edition of his *Anatomy* published in 1740, and again in that of 1750, an account, which is perfectly, or as nearly as possible identical with that of 1730? It seems to be perfectly clear, therefore, either that Dr. Douglass is inaccurate, or Cheselden disingenuous. If, however, the account given by Dr. Douglass, of Cheselden's supposed operation is attentively examined, there will hardly be a doubt, of an entire misapprehension having existed respecting it, on his part.

When Dr. Douglass describes Cheselden's improved operation to be that, in which the internal incision commences in the vesical side of the prostate, he states it to have been practised with great applause, and vast success; and that at the time he wrote (in July 1731), Cheselden had “ saved fifty patients out of fifty-two, whom he cut

* *Eloge de M. Cheselden; Mémoires de l'Académie Royale de Chirurgie.* Tom. III. p. 82.

† *Opuscles de Chirurgie, 2de Partie, p. 113.*

successively in St. Thomas's Hospital."* An important document however exists, in the Appendix to Cheselden's fourth edition of his Anatomy, to which I have alluded, which shews such representation to be altogether erroneous. This document contains the names of all the patients, forty-six in number, who were operated on by Cheselden, at St. Thomas's Hospital, from the performance of his first improved operation on March 27, 1727, to that of the last which is mentioned in his appendix, of July 1730, with the date and result of each operation †. From this list we learn, that no fewer than thirty-six of these very patients, who are so represented by Douglass to have been operated on by the vesical plan, are incontestable examples of the success of the urethral mode of operating, which it is the object of Cheselden's appendix to describe.

Dr. Douglass, indeed, admits the urethral plan of operation to have been practised up to the time of the appearance of Cheselden's Appendix; which, as the last-mentioned operation took place on the 31st of July 1730, could not, at the earliest, be before the end of August of that year. But he has totally overlooked the evidence of its success, which the enumeration of Cheselden's cases af-

* Douglass's Appendix to the History of the Lateral Operation for the Stone, p. 2.—Dr. Thomson's Edition, p. 21.

† Cheselden's Appendix to the Fourth Edition of his Anatomy, p. 8.

fords up to this time, and which leaves him, even by his own calculation, only six cases, from which any proof can be derived, of the superiority of the vesical plan of operation, which he has thought fit to describe as Cheselden's. It may, it is true, be imagined, that the fifty-two cases adduced by Douglass as proofs of the superiority of the vesical operation, occurred in the period between Cheselden's forty-sixth operation, which was performed on the 31st of July 1730, and the date of Dr. Douglass's Appendix, July 25, 1731. But the possibility of this supposition (even if he were likely to have had fifty-two operations in less than a year) is entirely done away by the information of the Doctor himself, who tells us, that the "great and uncommon success of Mr. Cheselden's new method, became not only the subject of all conversation here at home, but also very much alarmed the surgeons abroad, particularly those of Paris, from whence M. Morand, of the Royal Academy of Sciences, a most ingenious lithotomist, made a journey to London, on purpose to see Mr. Cheselden cut for the stone."* M. Morand's journey to London was, however, in the month of May 1729, very soon after Mr. Cheselden had performed his thirty-third public operation†. He saw the performance of the four fol-

* Douglass's Appendix, Preface. Dr. Thomson's Edition, p. 17.

† Cheselden's Appendix, p. 11.

lowing operations, during his stay here *; and Cheselden performed nine more in the month of July, making the number forty-six, as above stated †. It is evident, therefore, that Dr. Douglass, in ascribing the great fame obtained by Cheselden to the vesical operation, alludes to cases occurring previously to the publication of Cheselden's Appendix in 1731, and therefore confessedly before the vesical operation was adopted.

I may remark likewise, that Dr. Douglass's account, both of mortality and numbers operated upon, is incorrect; for, instead of Cheselden losing two only of the first fifty-two cases, or saving fifty patients out of fifty-two, as he expresses it, he lost three of the first fifty, which is one-third more ‡; and, instead of there being only fifty-two in the whole, up to July 1731, there were no fewer than sixty-six up to the previous April. We learn this from the communication of M. Morand of April 3d, in which he states, that he had just received from Mr. Cheselden, a list of twenty patients on whom he had operated (still in the original plan), since the publication of the forty-six mentioned in the Appendix §. There is, therefore, the evidence

* Cheselden's Appendix, p. 11. Morand's Recherches. Morand's Eloge.

† Cheselden's Appendix, p. 11.

‡ "Of the first fifty, only three died." Anatomy, p. 332.

§ "Je viens de recevoir la liste des Malades de M. Cheselden taillés depuis celle qui est imprimée dans son Appendix, et

of Mr. Cheselden, as to the first forty-six operations performed by him up to July 31, 1730, and of M. Morand, of twenty more performed by him up to the following April, making sixty-six in four years, during which time, it is clear, that Cheselden made no change in his operation. These accounts were published previously to that of Dr. Douglass, and therefore totally independent of it; and they are in perfect harmony with the statement made by Cheselden, in the after editions of his *Anatomy*, of his having performed 213 operations, by one uninterrupted and unaltered plan of procedure, of which the above formed the first sixty-six.

It is very singular, that the reasons given by Dr. Douglass, for Cheselden's alleged change from the urethral to the vesical operation, are either insufficient, or inapplicable. These he states to have been, that in the urethral plan, "the bulb of the urethra lay too much in the way; the groove of the staff was not so easily found, and the intestinum rectum was in more danger of being wounded", than in the vesical. But I think I shall have your support in expressing my belief, that no surgeon, with a competent knowledge of anatomy, will have any difficulty in reaching the membranous part of the urethra, without danger

j'apprends qu'il en a taillés vingt, dont il en est mort deux."—
Morand's *Recherches*.

to the bulbous ; and, indeed, as Dr. Douglass mentions that the point of the knife is to be directed into the groove of the staff, by the end of the forefinger of the left hand, in the vesical, as well as the urethral operation, (though it is difficult to see for what reason it is done in the former,) it is clear, that if the one operation is liable to this objection, the other is so likewise. That Cheselden twice wounded the rectum, early in the practice of the lateral operation, he candidly owns to M. Morand * ; but it is a mistake to suppose, that he considered this accident as originating in a fault in the operation, and that he therefore changed his mode of operating, in consequence. He ascribed it entirely to want of care in the assistant who held the staff, (*“faute d’attention à la conduite de la sonde,”*) which was obviated by greater vigilance ; but the operation was continued in precisely the same manner as before such accident happened.

According to Dr. Douglass, this occurrence must have taken place subsequent to July 31, 1730, the date of the last-named operation of Cheselden’s Appendix, before which period, the new plan could not have been adopted by Cheselden ; and yet it was obviously more than three years be-

* *“J’avoüe naturellement, que dans le commencement, il blessa l’intestin rectum à deux malades que cependant guérirent tous deux, et que cela arriva faute d’attention à la conduite de la sonde.”*—Morand’s *Recherches*, p. 147.

fore, that is, “ dans le commencement, ” that the accident occurred, and the means of obviating it were discovered. So necessary, indeed, did great care always seem to be, in the mind of Cheselden, to avoid the rectum in the operation of lithotomy, that in the first lateral operation employed by him, (that in which injection was used,) he always pressed down the gut with the forefinger of the left hand, to avoid wounding it^{*}; and inculcated the same plan, together with attention to the direction of the knife, both in his instructions to Morand, and in his own descriptions of his operation[†].

Dr. Douglass also, seems entirely to have overlooked the successful performance of the stone operation, as narrated in Cheselden's Appendix of 1730; and how little a mortality of only two cases in forty-six (which is the proportion of deaths that had at that time occurred to Cheselden in his public practice) could justify, or be likely to suggest any necessity for a change. The history of Cheselden's professional life shews, that he never either adopted, gave up, or varied an operation, without good reasons; and to imagine, that such a portion of unprecedented success would not satisfy every reasonable expectation, would be to attribute to him a restless hankering

^{*} Douglass on the Lateral Operation, p. 85.

[†] Suprà, pp. 5, 8, 9.

after change, which did not at all accord with the judgement and equanimity of his character.

I have thus endeavoured to shew, that Cheselden was consistent, faithful, and ingenuous, in the accounts which he gave of his improved lateral operation; and that in these accounts, he is not only confirmed by his friend Morand, but by Dr. Douglass's narration itself.—But if the attention is turned to the anatomy of the parts concerned in Dr. Douglass's assumed operation, I should think it difficult to conceive, that the staff could be felt through the sides of the bladder, *above the prostate*, in such a way as that its groove (which is in the lower or convex part of the staff) should, even when the staff is directed to the right groin, be reached by a distant incision, made *immediately above the prostate*, as directed by Dr. Douglass, and therefore answering to the upper or concave part of that instrument. But if, instead of confining the incision to a part immediately above the prostate, it is made more laterally, I would still submit, that the incision must be made in a distant point, without guidance, and the scalpel projected into the bladder very much at random, so as to search out the groove of the staff, without any effectual assistance in reaching it. I cannot, therefore, forbear expressing my belief, that independently of the other circumstances which I have mentioned, nothing could be more unlikely, according to the ordinary principles of judgement,

than that Cheselden, after devising, and for four years practising, with unparalleled success, and with a reputation which no surgeon had ever acquired before him, a neat, intelligible, and scientific operation, should all at once, and without any apparent cause, put it aside, and substitute the clumsy, vague, and uncertain one, which Douglass attributes to him.

This opinion, however, was formed on anatomical considerations alone; and I was desirous of knowing, from an expert surgeon, whether the objections which I have just mentioned, were well founded; and whether the difficulties which I imagined to attend the operation, as described by Douglass, were easily capable of being obviated. I therefore requested my friend Mr. Cross, one of the surgeons of the Norfolk and Norwich Hospital, to perform on the dead body, in my presence, the operation, as described by Dr. Douglass, giving him a copy of the instructions by which it was directed to be done, without mentioning either my own view of the matter, or from what author the instructions proceeded.

Mr. Cross employed, at my request, a scalpel and staff, very similar in shape and curve to those depicted by Douglass.

After making the external incision, then cutting into the groove of the staff in the mem-

branous part of the urethra, and introducing the forefinger of the left hand to keep down the rectum, he carried his knife backwards, and pierced the coats of the bladder close to the prostate gland on the left side. He reached the groove of the staff within the bladder, and made an incision, after the manner directed, in the groove of the staff through the prostate gland, completing the operation by prolonging the incision, so as to join that which was first made in the membranous part of the urethra. He did not enter the bladder immediately above the prostate, according to the literal directions of Douglass, because he considered it to be quite impracticable to reach the groove of the staff, if the bladder were entered in this way.

On dissection, the bladder was found to be entered by a very small opening, and the left lobe of the prostate divided obliquely, by a clean incision, at about an angle of thirty degrees from the perpendicular, so as to lay open the urethra forward, from its termination in the bladder, to the membranous portion inclusive. The operation was therefore, I conceive, performed as well as possible; but Mr. Cross was of opinion, that it would be in the highest degree unwarrantable to attempt such an operation on the living body, from the distance of the incision made in the bladder, and the want of any guide in effecting it, particularly as the left hand was directed to be entirely

employed in guarding the intestine. That if the left hand were even liberated, (a circumstance for which the directions do not provide,) so as that the forefinger might accompany the projected point of the scalpel, it would only go a small way in removing the difficulty, and could give little or no assistance in reaching the groove of the staff within the bladder, which must be got at, as Mr. Cross thought, entirely by a chance endeavour. That if the operation should ordinarily succeed as well as in the present instance, (and its success Mr. Cross was very much disposed to consider as accidental,) it would accomplish no more than could be effected, with much greater facility and safety, by taking the urethra as the guide for the scalpel, according to the mode of performing the operation which is described by Cheselden himself.—The defects of the operation seem therefore to be so formidable, both from the anatomical reasons which I have stated, and the practical considerations advanced by Mr. Cross, as to make it very difficult to believe that it was ever actually performed.

It is certainly a circumstance not a little remarkable in the history of our profession, that the knowledge of Cheselden's improved operation, should have been sought for rather in Dr. Douglass's account of it, than his own; which is, I presume, to be attributed to the reliance which has been placed on Dr. Douglass's judgement and opportunities of observation; to the ready credence usually given

to confident assertions of historical facts; and to the disinclination which there is, either to ascertain, or to investigate, the evidence on which such facts may depend.

Heister seems to have been one of the first authors who took Dr. Douglass's representation as demonstrative of what Cheselden's improved operation of Lithotomy was; and he gives, by deduction from Dr. Douglass's account, a progression of three different modes of operation employed by Cheselden, which he designates as the *modus primus*, *alter*, and *tertius*. *The first*, was that in which injection was employed; *the second*, that mentioned in the Appendix to the fourth edition of Cheselden's Anatomy, and quoted by Morand, and from which, I venture to think, that Cheselden never deviated; *the third*, that described by Douglass as Cheselden's latest improvement, but which, I presume to conclude, was one that never entered into his contemplation *.

This view of the subject, derived from Douglass on the one hand, and Heister on the other, has been followed by the late Mr. John Bell, in his very valuable work on the Principles of Surgery †, and by several others of the most able and eminent of our English surgical writers.

* Heister's Institutiones Chirurgicæ, p. 976.

† Principles of Surgery, Vol. II., p. 152.

But Heister very fairly admits, what it may be thought should have excited a little further inquiry on his part into the subject, that Morand, whom Cheselden instructed in his operation, and who was therefore the person of all others the best entitled to be acquainted with it, says nothing of the change mentioned by Douglass *. Heister, however, gave credit to Dr. Douglass's statement of such change ; and as the Latin edition of his Surgery, in which Cheselden's operation was first mentioned by him, was published in the year 1739, and therefore a year previous to the appearance of Cheselden's fifth edition of his Anatomy, he had not the advantage of knowing that Cheselden, by repeating the account which he had previously published, obviously discountenanced Douglass's representation of a supposed change.

Deschamps, a distinguished hospital surgeon of Paris, in his extensive and valuable work on Lithotomy, gives, from Heister, Douglass's correction of Cheselden's operation, which he erroneously states to have been followed by Sharpe. Sabatier, however, an anatomist and surgeon of the first class, who was the protégé and near connection of Morand, does Cheselden justice ; and, in his Mé-

* "Morandus nihil adhuc de, hac methodo proponit, sed præcedentem, No. 19 descriptam," (alluding to the mode in which he was instructed by Cheselden) "pro optimâ declarat." —Heister's Institutiones Chirurgicæ, p. 977.

decine Operatoire, published in 1796 *, has given a correct exposé of Cheselden's practice, in which he has been since followed by the Baron Boyer, in nearly the same words†. With regard to Deschamps, it is singular that he should have been so little acquainted with the works of the author whose views he professed to expound, as not to have known whether Cheselden cut the spongy, or membranous part of the urethra‡; though Cheselden says distinctly, in his fifth, and every subsequent edition of his Anatomy, that he cuts upon the staff "in that part of the urethra which lies *beyond* the corpora cavernosa urethræ."

Dr. Douglass evinced much anxiety to take an active part in every thing which related to the operation of lithotomy; and, as Mr. John Bell states of him, not only laid claim "to the discovery of Rau", but "was in haste to explain the operation of Cheselden before he understood it." § It is remarkable, however, that with this im-

* De la Médecine Operatoire, Tome IV. P. 251—Dupuytren's Edition.

† Traité des Maladies Chirurgicales, et des Operations qui leur conviennent, Tome IX. P. 356.

‡ "Cheselden ne dit point positivement la partie de l'urètre qu'il incisoit: il y a apparence qu'il attaquoit la partie spongieuse, si l'on en juge par la hauteur de son incision extérieure; car autrement il étoit tout-à-fait inutile qu'il la commençât aussi haut."—Traité Historique et Dogmatique de l'Operation de la Taille, Tome III. P. 101.

§ Bell's Principles of Surgery, Vol. II. P. 148, Note.

pression as to Douglass's first publication on the lateral operation, Mr. Bell, who was a man of singular acuteness of mind, should have been induced to rely implicitly on Dr. Douglass's accuracy, and to overlook the collision of his statements with those of Cheselden. Sobriety of judgment was a prominent feature of Cheselden's character; but Mr. Bell, from his dependence on Dr. Douglass's authority, attributed to Cheselden the "enthusiasm of an inventor"*; and represented him as possessing an undue confidence in an operation, which, though he described it as one which he should see no "reason to change", it was erroneously believed that he actually "did change, and that in the very next season for cutting for the stone"†.—Cheselden naturally wished to be the expositor of his own views, to which he was well

* Bell's Principles of Surgery, Vol. II. P. 152.

† Ibid, P. 150.

Mr. Bell quotes Morand as stating, that Cheselden cut, *while Morand was in London*, "twenty-seven patients without losing one."—Principles of Surgery, Vol. II. P. 144. But he mistakes Morand's meaning, as that gentleman only saw *four* operated upon in London by Cheselden, (Opuscles, P. 118; Cheselden's Appendix, P. 11,)—and merely states, that Cheselden cut, "*at the first*", (that is, when he first began to practise the improved lateral method,) "twenty-seven patients, in succession, without losing one." "*Il tailla d'abord vingt-sept malades de suite, sans en perdre un.*"—Opuscles, 2de Partie, P. 118. Mr. Bell likewise errs in mentioning, that Morand had often seen Cheselden extract a stone in *twenty-four seconds*. The period mentioned is *fifty-four seconds*.—Opuscles, P. 118.

qualified to do justice; but with a recollection, perhaps, of unauthorized and premature statements*, he was rather on the reserve with regard to the nature of his improved lateral operation of lithotomy, previously to the time of Morand's visit to this country, and therefore suffered public opinion (as Morand informs us) to be uncertain as to the parts which were cut in the

* Mr. Cheselden's first lateral operation (that in which injection was employed) was a variation of that which was supposed to be done by Rau; and Dr. Douglass (as I have already stated from Mr. John Bell) laid claim to some share in the discovery of this mode of operating. "Of these ways," says he, "*I always reckoned that practised by Professor Rau to be one*, long before I had heard of his true method, or even of that of Frere Jacques, from which it is taken; and indeed my preparations will serve to direct in every step of his operation, and point out the parts that are either to be cut, or avoided in it, as fully as if I had had Albinus's Book" (in which Rau's method is described) "before me when I went about them." (History of the Lateral Operation, p. 81.) Dr. Douglass speaks with great confidence of this operation, and was anxious to describe it, when but "seven patients," that he knew of, had been cut in that way (p. 87). But though he gave it as his opinion, with an almost paternal feeling of attachment, that there was "nothing wanting" in this method of performing the lateral operation, by which it could be "in any respect improved, except the use of crooked forceps upon some occasions", (p. 87.) yet Cheselden had only cut ten in all, (being but three more than the number which occasioned this favorable anticipation,) when he gave it up entirely, from experiencing the most serious inconveniences by this mode of operating, which occasioned the loss of no fewer than four of that number.—Anatomy, p. 329; Appendix to 4th Edition of Anatomy, p. 7.

internal incision*. That this reserve did not, however, arise from any unworthy motive of concealment, was evinced, not only by the facilities which he gave to Morand's investigations, but by himself publishing the description of his operation, the year after Morand's visit to this country. It must, no doubt, have excited Cheselden's surprise, that Dr. Douglass, in less than a year from this publication, should have thought himself justified in coming forward to intimate a change in Cheselden's mode of operating, instead of leaving this to be done by himself; but with a peculiar exemption from every irritable feeling, (of which this, however, is not the only example,) Cheselden never even alluded, in any of his works, either to Dr. Douglass's interference, or misconception. He offered, however, tacitly and unostentatiously, a neat, and what might fairly have been regarded as an effectual correction of Dr. Douglass's misapprehension, by republishing, as I have stated to be the case, in the earliest subsequent edition of his anatomy, and in Dr. Douglass's life-time, the original account of his operation (which Dr. Douglass reported him to have changed) in very nearly the identical words which he first employed to describe it.

The tone of protection exercised by Dr. Douglass to Cheselden, and the anxiety displayed for his

* "Pour lors M. Cheselden laissoit flotter les opinions sur la détermination des parties entamées par son incision intérieure.
—Morand's Recherches.

reputation, and for the credit of English surgery, might have been admissible and praiseworthy, if directed to introduce, or to foster, the early efforts of a tyro in the profession ; but you will agree with me, I doubt not, in thinking, that they were somewhat misplaced to a man like Cheselden, of mature age, who had been twenty years a distinguished member of the Royal Society, and teacher of anatomy ; who was at the very summit of professional rank, emolument, and reputation ; and was, moreover, well known as a perspicuous, able, and correct writer.

In reviewing the circumstances of Cheselden's improved lateral operation, I have felt it necessary to go into much further detail than I at first anticipated ; but I trust that you will not regard the evidence to which I have requested your attention as superfluous or inappropriate, when it is considered how extensively Dr. Douglass's authority has directed the opinion of surgical writers, both in this and other countries, as to their apprehension of the precise nature of Cheselden's lateral operation ; and how desirable it is, that the character and merits of that great surgeon, should be properly understood and appreciated.—Few circumstances have ever occurred of a nature more honourable to the medical profession in this country, than the mission of Morand, by the French Government, for the purpose of being instructed in the nature of Cheselden's operation : and no persons could have been found, whose

character for knowledge, zeal, and liberality, better qualified them, than Cheselden and Morand, for communicating with each other, in a matter so interesting both to humanity and science. Morand, the first surgeon in Paris, so far from considering it beneath him to go to a rival country for professional instruction, himself proposed the expedition. He deemed it best, he tells us, to go to the light, from whatever quarter it might proceed; and he spoke of Cheselden with feelings of friendship, esteem, and gratitude. The Royal Academy of Sciences elected Cheselden a corresponding member; and the Royal Academy of Surgery had the great gratification and credit, almost at its formation, of nominating him a foreign associate: but Cheselden bore his honours so meekly, that in no part of his works, does he mention the distinction conferred upon him by Morand's visit to this country.

The openness and liberality evinced by Cheselden to Morand, afforded, I may remark, a singular contrast with the conduct of Rau, a few years before, to Albinus; whom he pretended to instruct in his lateral operation, but actually deceived. The success which attended Rau's practice, is stated to have been unexampled in the history of surgery; for he is represented as having cut 1547 patients without ever losing one. The account is altogether incredible; but I am surprised that the refutation of it, which is afforded to a certain extent by the celebrated Camper, the succes-

sor of Rau and Albinus in the chair of anatomy and surgery at Leyden, has been entirely overlooked by those authors who have had occasion to notice the circumstance: for that distinguished physician informs us, that on examining the register kept at the College of Surgeons of Amsterdam, by order of the magistracy, he found that Rau lost four cases of twenty-two whom he cut for the stone in that city, or one in five and a half*. Camper tells us, that he had no other opportunity of ascertaining, by unquestionable documents, the result of Rau's operations; but this fact is sufficient to shew how little dependence was to be placed on Rau's asseverations of his success.

I remain, my dear SIR,

With esteem and regard,

Your faithful and obedient servant,

JOHN YELLOLY.

CARROW ABBEY, NEAR NORWICH,

APRIL 8, 1829.

* “*Dubito etiam vehementer Ravio toties ex sententiâ successisse euram, quoties ipse gloriatur. Mille, quingentos, et quadraginta septem ægros se sanasse jactat: numerum concederemus, si de curatione, non de sanatione ageretur; silentio præterit quot mortui fuerint. Diarium igitur, quod jussû magistratûs in Collegio Chirurgico de seetis à calculo servatur, adii, atque ex duobus supra viginti, quos Amstelædami secuit, quatuor mortuos fuisse comperi: ex undecim igitur duos amisit; plures adnotationes circa successum curationum ab eo institutarum, ad manus meas non pervenerunt.*” Petri Camper Demonstrationum Anatomico-Pathologicarum liber secundus. Pag. 14.